

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

ACU-PAC

ADDRESS (number and street)

5101 MACARTHUR BLVD NW

SUITE 200

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20016

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00457291

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☒July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

SCOTT MACKENZIE

Signature of Treasurer

Electronically Filed by SCOTT MACKENZIE

Date

07

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 26

Write or Type Committee Name  
ACU-PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	0.00
(b) Cash on Hand at Beginning of Reporting Period .....	0.00	
(c) Total Receipts (from Line 19) .....	87592.49	87592.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	87592.49	87592.49
7. Total Disbursements (from Line 31) .....	71973.97	71973.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15618.52	15618.52
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	54930.26	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 26

Write or Type Committee Name

ACU-PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	23002.00	23002.00
(ii) Unitemized .....	64590.49	64590.49
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	87592.49	87592.49
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	87592.49	87592.49
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	87592.49	87592.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	87592.49	87592.49

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	71973.97	71973.97	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	71973.97	71973.97	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	71973.97	71973.97	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71973.97	71973.97	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 26

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	87592.49	87592.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	87592.49	87592.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	71973.97	71973.97
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	71973.97	71973.97

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)

MR FREDDIE BAKER 731

Mailing Address 120 LAKE ALUMA DR

City

OKLAHOMA CITY

State

OK

Zip Code

73121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

YUKON DOOR & PLYWOOD INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.11009

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM H BECK 737

Mailing Address 426 N CIMARRON ST

City

HENNESSEY

State

OK

Zip Code

73742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.11046

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR FLOYD BERGE 730

Mailing Address 2915 MCGEE DR

City

NORMAN

State

OK

Zip Code

73072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

OIL PERSON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.11072

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)

MR DON BOULTON 731

Mailing Address 1701 NE 63RD ST

City

OKLAHOMA CITY

State

OK

Zip Code

73111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.11128

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

DALE D BOWEN 731

Mailing Address 8636 SW 2ND ST

City

OKLAHOMA CITY

State

OK

Zip Code

73128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.11132

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MR K WILEY COX 740

Mailing Address 701 E 17TH ST

City

SAND SPRINGS

State

OK

Zip Code

74063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.11378

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)

T C CRAIGHEAD 734

Mailing Address 1008 ROCKFORD CT

City

ARDMORE

State

OK

Zip Code

73401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T C CRAIGHEAD & CO

Occupation

OIL AND GAS PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.11387

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MARJORIE DAVIS 043

Mailing Address 6 HUCKLEBERRY LN

City

AUGUSTA

State

ME

Zip Code

04330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.11431

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPHINE W FREEDE 731

Mailing Address 316 NW 39TH ST

City

OKLAHOMA CITY

State

OK

Zip Code

73118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.11651

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)

JOSEPHINE W FREEDE 731

Mailing Address 316 NW 39TH ST

City

OKLAHOMA CITY

State

OK

Zip Code

73118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	0	9

Transaction ID: SA11AI.11652

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

RUSSELL F GADDY 740

Mailing Address 4308 W KENT ST

City

BROKEN ARROW

State

OK

Zip Code

74012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAME BRANDS INC

Occupation

MERCHANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	9

Transaction ID: SA11AI.11667

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR JERRY HAYDEN 600

Mailing Address 352 DEEPWOOD RD

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEACOCK ENGINEERING CO

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	9

Transaction ID: SA11AI.11834

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)

RAMON HAYES 737

Mailing Address 2826 SCISSORTAIL LN

City

ENID

State

OK

Zip Code

73703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.11837

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAID HUDIBURG 731

Mailing Address 6907 AVONDALE DR

City

NICHOLS HILLS

State

OK

Zip Code

73116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.11919

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM E KELLER 875

Mailing Address 20 THISTLE LN

City

SANTA FE

State

NM

Zip Code

87506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.12032

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)

MR MAC MAGUIRE 731

Mailing Address 6514 N HILLCREST AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I&M INVESTMENT CO

Occupation  
OIL & GAS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.12207

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR WK MC NEILLY 951

Mailing Address 1136 BRACE AVE APT 5

City

SAN JOSE

State

CA

Zip Code

95125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12265

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR JIMMIE MISER 741

Mailing Address 4650 S 86TH EAST AVE

City

TULSA

State

OK

Zip Code

74145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.12358

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)

JAMES H NORICK 731

Mailing Address 3101 CASTLEROCK RD

City

OKLAHOMA CITY

State

OK

Zip Code

73120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.12448

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR RAY P ODEN 711, JR

Mailing Address 702 THORA BLVD

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.12461

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

PAM ORTLOFF 734

Mailing Address RR 3 BOX 7

City

MADILL

State

OK

Zip Code

73446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.12479

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)

MR JAY L PETERS 277

Mailing Address 3811 DARWIN RD

City

DURHAM

State

NC

Zip Code

27707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DURHAM TECH COMM COLL

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	9

Transaction ID: SA11AI.12537

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MICKEY PRUITT 734

Mailing Address RR 1 BOX 16

City

RATLIFF CITY

State

OK

Zip Code

73481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: SA11AI.12589

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS SHIRLEY L PYLE 757

Mailing Address 628 WILDER WAY

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	9

Transaction ID: SA11AI.12597

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)

J P REIMER 735

Mailing Address 1105 NW BECONTREE DR

City

LAWTON

State

OK

Zip Code

73505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

FARMER STOCKMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.12635

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN SASSO 194

Mailing Address PO BOX 577

City

GWYNEDD VALLEY

State

PA

Zip Code

19437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADVANCED MEDICAL SYSTEMS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.12748

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

SALLY B SAUNDERS 731

Mailing Address 1710 RANDEL RD

City

NICHOLS HILLS

State

OK

Zip Code

73116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.12750

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)

MRS ELIZABETH J SCHAFER 921

Mailing Address 1101 IST ST NIT 411

City

CORONADO

State

CA

Zip Code

92118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.12762

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM C SHANLEY 068

Mailing Address ONE HALF ROCKY POINT ROAD

City

ROWAYTON

State

CT

Zip Code

06853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.12800

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES SHULL 744

Mailing Address PO BOX 97

City

OKTAHA

State

OK

Zip Code

74450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.12824

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

4250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)

GARY D SMITH 730

Mailing Address 11300 S PORTLAND AVE

City

EDMOND

State

OK

Zip Code

73025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEALERS AUTO AUTION OF OK

Occupation  
PRES/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.12863

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DONORS UNITEMIZED

Mailing Address

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-48.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.8637

Amount of Each Receipt this Period

-48.00

NSF CONTRIBUTIONS

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN R WALDEN 653

Mailing Address 104 E VEST ST

City

MARSHALL

State

MO

Zip Code

65340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.13076

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1452.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)

MS JEAN WARREN 731

Mailing Address 2410 NW GRAND CIR

City

OKLAHOMA CITY

State

OK

Zip Code

73116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.13100

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

CLEON WINSLOW 730

Mailing Address 1020 REGINALD DR

City

NORMAN

State

OK

Zip Code

73072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.13185

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

23002.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ACU-PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BASE CONNECT, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL - CREATIVE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4106</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 8871.20</p> <p>003 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CATTERTON PRINTING</p> <p>Mailing Address 100 POST OFFICE RD</p> <p>City WALDORF State MD Zip Code 20602</p> <p>Purpose of Disbursement DIRECT MAIL - PRINTING</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4109</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1773.00</p> <p>003 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4112</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1522.84</p> <p>003 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

12167.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ACU-PAC

**A.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICE

Mailing Address 1155 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
ACU-PAC

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4113

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

26207.79

**B.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICE

Mailing Address 1155 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
ACU-PAC

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4114

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

11479.55

**C.** Full Name (Last, First, Middle Initial)  
CENTURY DATA SYSTEMS CORP

Mailing Address 1155 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DATA PROCESSING

Candidate Name  
ACU-PAC

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4117

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

3272.02

**SUBTOTAL** of Disbursements This Page (optional) .....

40959.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)  
COLORTREE, INC. OF VIRGINIA

Mailing Address 2519 BRITTONS HILL RD

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name  
ACU-PAC

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.4120

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

2359.35

**B.**

Full Name (Last, First, Middle Initial)  
COLORTREE, INC. OF VIRGINIA

Mailing Address 2519 BRITTONS HILL RD

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name  
ACU-PAC

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.4121

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

2454.51

**C.**

Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
SERVICE CHARGE

Candidate Name  
ACU-PAC

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.4123

Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

30.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4843.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ACU-PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement SERVICE CHARGE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4124</p> <p>Date of Disbursement 05 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 86.35</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE CHARGE</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4128</p> <p>Date of Disbursement 06 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 91.94</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DRIVE SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX DISCOUNT</p> <p>Candidate Name ACU-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4129</p> <p>Date of Disbursement 06 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 32.66</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

210.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
ACU-PAC

**A.**

Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
NET SERVICE CHARGE

Candidate Name  
ACU-PAC

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4130

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

122.89

**B.**

Full Name (Last, First, Middle Initial)  
LEGACY LISTS, INC

Mailing Address 1155 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
LIST RENTALS

Candidate Name  
ACU-PAC

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4134

Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

6385.73

**C.**

Full Name (Last, First, Middle Initial)  
MDI IMAGING & MAIL

Mailing Address 21721-A FILIGREE CT

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name  
ACU-PAC

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4138

Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

6084.14

**SUBTOTAL** of Disbursements This Page (optional) .....

12592.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ACU-PAC

A.

Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City State Zip Code  
CHANTILLY VA 20151

Purpose of Disbursement  
CREDIT CARD HOLDBACK

Candidate Name  
ACU-PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4141

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

71773.97

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 24 / 26

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
ACU-PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AVALANCE SERVICES INCNature of Debt (Purpose):  
DIRECT MAIL - PRINTING

Mailing Address 53 MCGARRY BLVD

City State ZIP Code  
KEARNYSVILLE WV 25430

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.13239

Amount Incurred This Period

5665.04

Payment This Period

0.00

Outstanding Balance at Close of This Period

5665.04

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BASE CONNECT, INCNature of Debt (Purpose):  
DIRECT MAIL - CREATIVEMailing Address 1155 15TH STREET, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.4104

Amount Incurred This Period

19785.19

Payment This Period

8871.20

Outstanding Balance at Close of This Period

10913.99

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CATTERTON PRINTINGNature of Debt (Purpose):  
DIRECT MAIL - PRINTING

Mailing Address 100 POST OFFICE RD

City State ZIP Code  
WALDORF MD 20602

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.4107

Amount Incurred This Period

5373.00

Payment This Period

1773.00

Outstanding Balance at Close of This Period

3600.00

1) **SUBTOTALS** This Period This Page (optional).....

20179.03

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 25 / 26

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
ACU-PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CENTURY DATA MAILING SERVICENature of Debt (Purpose):  
DIRECT MAIL FUNDRAISINGMailing Address 1155 15TH STREET, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.4110

Amount Incurred This Period

60892.68

Payment This Period

39210.18

Outstanding Balance at Close of This Period

21682.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CENTURY DATA SYSTEMS CORPNature of Debt (Purpose):  
DATA PROCESSINGMailing Address 1155 15TH STREET, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.4115

Amount Incurred This Period

3272.02

Payment This Period

3272.02

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COLORTREE, INC. OF VIRGINIANature of Debt (Purpose):  
DIRECT MAIL - PRINTING

Mailing Address 2519 BRITTONS HILL RD

City State ZIP Code  
RICHMOND VA 23230

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.4118

Amount Incurred This Period

7700.31

Payment This Period

4813.86

Outstanding Balance at Close of This Period

2886.45

1) **SUBTOTALS** This Period This Page (optional).....

24568.95

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 26 / 26

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
ACU-PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LEGACY LISTS, INCNature of Debt (Purpose):  
LIST RENTALSMailing Address 1155 15TH STREET, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.4131

Amount Incurred This Period

13021.83

Payment This Period

6385.73

Outstanding Balance at Close of This Period

6636.10

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MDI IMAGING & MAILNature of Debt (Purpose):  
DIRECT MAIL - PRINTING

Mailing Address 21721-A FILIGREE CT

City State ZIP Code  
ASHBURN VA 20147

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.4135

Amount Incurred This Period

8085.80

Payment This Period

6084.14

Outstanding Balance at Close of This Period

2001.66

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WASHINGTON INTELLIGENCE BUREAUNature of Debt (Purpose):  
CAGING & ESCROW SERVICES

Mailing Address 4128 PEPSI PLACE

City State ZIP Code  
CHANTILLY VA 20151

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.4139

Amount Incurred This Period

2544.52

Payment This Period

1000.00

Outstanding Balance at Close of This Period

1544.52

1) **SUBTOTALS** This Period This Page (optional).....

10182.28

2) **TOTALS** This Period (last page this line number only).....

54930.26

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

54930.26